

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B092002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
NAME OF PROVIDER OR SUPPLIER HERITAGE HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 104 W FRANCIS ST SMITH CENTER, KS 66967		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation is the result of a Licensure Resurvey at the above named Boarding Care Home in Smith Center, Kansas on 6/16/16.	S 000		
S9999	KAR Final Observations KSA 39-970(d) BACKGROUND CHECKS OF EMPLOYEES The entire text of this statute can be found at KSA 39-970. (d) For the purpose of complying with this section, the operator of an adult care home shall request from the department of health and environment information regarding only felony convictions, convictions under K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, adjudications of a juvenile offender which if committed by an adult would have been a felony conviction, and adjudications of a juvenile offender for an offense described in K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, and which relates to a person who works in the adult care home, or is being considered for employment by the adult care home, for the purpose of determining whether such person is subject to the provision of this section. This RULE: is not met as evidenced by: KSA 39-970(d) Scope/Severity = E The census equalled six the sample included three Residents. The Operator identified three employees hired since the last Resurvey. Based on interview and review of record for two of three employees hired (#B and #C), the Operator failed to request from the Department, criminal background checks for the determination of	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>employee eligibility to work in an adult care home.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 6/16/16 at 1:40pm, Operator/RN (registered nurse) provided the names of three employees hired since the last Resurvey. #A - Hired 12/2015 - no background check in the facility... On 6/16/16 at 1:40pm, Operator/RN stated I did a check on him/her but it is filed somewhere at my home office... do not have the copy here... this employee no longer works here... #B - Hired 3/2016 - no background check in facility, none completed #C - Hired 6/2016 - no background check in facility none completed On 6/16/16 at 1:40pm, Operator/RN stated I have not completed the background checks on these two employees. The Operator failed to request from the Department, criminal background checks for the determination of employees #A, #B, and #C's eligibility to work in an adult care home. 	S9999		